

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	R H		4/13
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	la	10 5-7-01	
RESPONSE FORMALITY REVIEW	HA	853 05-17-01	
			6/22/01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)..... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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